

<i>SERFF Tracking Number:</i>	<i>PHLX-125279407</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025965</i>
<i>Company Tracking Number:</i>	<i>ML AR0030102F01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Religious Organizations</i>		
<i>Project Name/Number:</i>	<i>Religious Organizations/ML AR0030102F01</i>		

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Religious Organizations	SERFF Tr Num: PHLX-125279407	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: AR-PC-07-025965
Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations	Co Tr Num: ML AR0030102F01	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: SPI PhiladelphiaIndemnity	Disposition Date: 09/05/2007
	Date Submitted: 08/31/2007	Disposition Status: Approved
Effective Date Requested (New): 10/01/2007		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):

General Information

Project Name: Religious Organizations	Status of Filing in Domicile:
Project Number: ML AR0030102F01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/05/2007	
State Status Changed: 08/31/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The Philadelphia Indemnity Insurance Company files for your review, and where required approval, the attached endorsement designed for use with its Religious Organizations program.

Sucession/Expulsion Exclusion endorsement PI-RO-014 (7/07) amends our Religious Organizations program to exclude claims arising out of the insured seceding from or being expelled by its parent organization. It will also exclude claims arising out of members seceding from or being expelled by the insured. PI-RO-014 modifies our General Liability and Professional Liability coverages under this program. The appropriate endorsement is mandatory for use with all insureds under our Religious Organizations program.

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<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025965</i>
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<i>Project Name/Number:</i>	<i>Religious Organizations/ML AR0030102F01</i>		

As secession relation suites are new and were not an anticipated claim when we developed this program, this endorsement restricts coverage to risks we originally intended to cover. Consequently this form has no rating impact and there is no rating associated with this filing.

The attached form is new and does not replace any existing form.

Also attached is a Filing Memorandum providing additional details about this filing.

Company and Contact

Filing Contact Information

Gary Corbi, Senior Compliance Analyst

One Bala Plaza (610) 617-5980 [Phone]
 Bala Cynwyd, PA 19004 (866) 374-1070[FAX]

Filing Company Information

Philadelphia Indemnity Insurance Company	CoCode: 18058	State of Domicile: Pennsylvania
One Bala Plaza	Group Code: 677	Company Type:
Suite 100		
Bala Cynwyd, PA 19004	Group Name: Philadelphia Insurance Companies	State ID Number:
(610) 617-7900 ext. [Phone]	FEIN Number: 231738402	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
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<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025965</i>
<i>Company Tracking Number:</i>	<i>ML AR0030102F01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Religious Organizations</i>		
<i>Project Name/Number:</i>	<i>Religious Organizations/ML AR0030102F01</i>		
42026	\$50.00	08/28/2007	

SERFF Tracking Number: *PHLX-125279407* *State:* *Arkansas*
Filing Company: *Philadelphia Indemnity Insurance Company* *State Tracking Number:* *AR-PC-07-025965*
Company Tracking Number: *ML AR0030102F01*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0000 Other Liability Sub-TOI Combinations*
Product Name: *Religious Organizations*
Project Name/Number: *Religious Organizations/ML AR0030102F01*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/05/2007	09/05/2007

SERFF Tracking Number: *PHLX-125279407* *State:* *Arkansas*
Filing Company: *Philadelphia Indemnity Insurance Company* *State Tracking Number:* *AR-PC-07-025965*
Company Tracking Number: *ML AR0030102F01*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0000 Other Liability Sub-TOI Combinations*
Product Name: *Religious Organizations*
Project Name/Number: *Religious Organizations/ML AR0030102F01*

Disposition

Disposition Date: 09/05/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHLX-125279407 State: Arkansas

Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-025965

Company Tracking Number: ML AR0030102F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: Religious Organizations

Project Name/Number: Religious Organizations/ML AR0030102F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR Cover Letter, AR Filing Memo	Approved	Yes
Form	Secession/Expulsion Exclusion	Approved	Yes

SERFF Tracking Number: PHLX-125279407 State: Arkansas

Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-025965

Company Tracking Number: ML AR0030102F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: Religious Organizations

Project Name/Number: Religious Organizations/ML AR0030102F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Secession/Expulsion Exclusion	PI-RO-0147	07	Other	New		0.00	PI-RO-014.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SECESSION/EXPULSION EXCLUSION

This endorsement modifies and is subject to the insurance provided under the following Coverage Parts:

COMMERCIAL GENERAL LIABILITY

PROFESSIONAL LIABILITY

We shall not be liable to make any payment for damages of any kind arising out of or in connection with any "suit" or demand made against any **Insured**:

Alleging, arising out of, based upon or attributable to, directly or indirectly, **your** changing affiliations or denomination, withdrawing from or being expelled from any supervising body or, if **you** are a supervising body, any member congregation withdrawing from or being expelled by **you**.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

<i>SERFF Tracking Number:</i>	<i>PHLX-125279407</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PHLX-125279407 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-025965
Company Tracking Number: ML AR0030102F01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Religious Organizations
Project Name/Number: Religious Organizations/ML AR0030102F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/05/2007

Comments:

Attachments:

ARPCTD.PDF

ARFFS-1.PDF

Satisfied -Name: AR Cover Letter, AR Filing Memo **Review Status:** Approved 09/05/2007

Comments:

Cover Letter and Filing Memo

Attachments:

AR Cover Letter.PDF

AR Filing Memo.PDF

Property & Casualty Transmittal Document

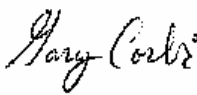
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only			
	a. Date the filing is received:			
	b. Analyst:			
	c. Disposition:			
	d. Date of disposition of the filing:			
	e. Effective date of filing:			
	f. State Filing #:			
g. SERFF Filing #:				

3. Group Name	Group NAIC #
Philadelphia Insurance Companies	0677

4. Company Name(s)	Domicile	NAIC #	FEIN #
Philadelphia Indemnity Insurance Company	PA	18058	23-1738402

5. Company Tracking Number	RO ML AR0030102F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Gary Corbi, One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004	Compliance Analyst	(610) 617-5980	None	gcorbi@phlyins.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Gary Corbi		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0000 Other Liability Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Religious Organizations Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/1/2007 Renewal: 10/1/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	August 31, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	RO ML AR0030102F01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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The Philadelphia Indemnity Insurance Company files for your review, and where required approval, the attached endorsement designed for use with its Religious Organizations program.

Sucession/Expulsion Exclusion endorsement PI-RO-014 (7/07) amends our Religious Organizations program to exclude claims arising out of the insured seceding from or being expelled by its parent organization. It will also exclude claims arising out of members seceding from or being expelled by the insured. PI-RO-014 modifies our General Liability and Professional Liability coverages under this program. The appropriate endorsement is mandatory for use with all insureds under our Religious Organizations program.

As secession relation suites are new and were not an anticipated claim when we developed this program, this endorsement restricts coverage to risks we originally intended to cover. Consequently this form has no rating impact and there is no rating associated with this filing.

The attached form is new and does not replace any existing form.

Also attached is a Filing Memorandum providing additional details about this filing.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: 42026 Amount: \$50.00 </div> <div> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing.)

1.	This filing transmittal is part of Company Tracking #	RO ML AR0030102F01			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Secession/Expulsion Exclusion endorsement	PI-RO-014 (7/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	N/A	N/A
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
11			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
12			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
13			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
14			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
15			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

16			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
17			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**DESCRIPTION OF ITEMS
IN THE PROPERTY AND CASUALTY
FORM FILING SCHEDULE**

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

Philadelphia Indemnity Insurance Company

August 31, 2007

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Subject: Philadelphia Indemnity Insurance Company
NAIC# 677-18058 FEIN# 23-1738402
Filing of a Form for use with our Religious Organizations liability program
Line 17, Other Liability
Filing Number: RO ML AR0030102F01

\$50.00 Filing Fee

Dear Sir or Madam:

The Philadelphia Indemnity Insurance Company files for your review, and where required approval, the attached endorsement designed for use with its Religious Organizations program.

Sucession/Expulsion Exclusion endorsement PI-RO-014 (7/07) amends our Religious Organizations program to exclude claims arising out of the insured seceding from or being expelled by its parent organization. It will also exclude claims arising out of members seceding from or being expelled by the insured. PI-RO-014 modifies our General Liability and Professional Liability coverages under this program. The appropriate endorsement is mandatory for use with all insureds under our Religious Organizations program.

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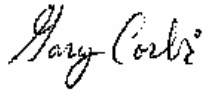
We would like to implement this filing on the earlier of October 1, 2007 or the first date possible after receiving your Department's approval.

We are making this filing concurrently in our domiciliary state of Pennsylvania.

Please contact me at the phone number or e-mail address shown below if you have any questions or comments.

Sincerely,

Philadelphia Indemnity Insurance Company

A handwritten signature in black ink that reads "Gary Corbi". The signature is written in a cursive, flowing style.

Gary Corbi
Senior Compliance Analyst
(610) 617-5980 Fax (866) 374-1070
gcorbi@phlyins.com

**Filing Memorandum for Religious Organization General Liability
and Professional Liability coverage**

The form being filed is a new form. It does not replace any existing form.

It applies as follows:

Form#	Form Name	Description	Usage Rule	Manda- tory (M)/ Optional (O)/ Condi- tional Manda- tory (CM)	Coverage impact
PI-RO-014 (7/07)	Secession/ Expulsion Exclusion	Excludes claims arising out of the insured seceding from or being expelled by its parent organization or if the insured is a parent organization, then excludes claims arising out of members seceding from or being expelled by the insured.	Use with All Religious Organiza- tion General Liability and Profes- sional Liability policies	M	Restricts coverage to what Insurer originally intended to cover. Secession relation suits are new and were not within the realm of claims anticipated by the insurer when developing the coverage.